

Sandhill Outdoor Skills Center Dormitory
GROUP Reservation Form
s. NR 45.10, Wis. Adm. Code
Revised July, 2002

LEAVE BLANK - DNR USE	
Dave Received	
Check No.	
Amount:	
Check In Date	
Check Out Date	
Room #'s:	
Date Packet Sent:	

Only one event is accepted per application. **Additional requests for other dates will require separate forms. This form is for MORE THAN FOUR BEDS.**

Note: Use this form to reserve a bed at the Sandhill Outdoor Skills Center Dormitory. Complete and send this form to the address listed below. Personally identifiable information on this form will be used to administer wildlife management program and may be used to mail additional outdoor activity information and natural resources surveys.

APPLICANT INFORMATION

Name Group:	Age or grade level:
Name of Group Leader:	Title:
Mailing Address:	City, State, Zip
Telephone Number:	Fax Number:
Your E-mail Address:	

Expected Attendance: (dormitory capacity = 32)	List teachers/counselors/staff that will be coming with your group.
# Youth: Male _____ Female _____ # Adult: Male _____ Female _____	

What is the objective of your educational event?

Date(s) desired by your group for use.

Arrival: (month/day) _____ Time of Arrival: _____ (no later than 4:00 pm)

Departure: (month/day) _____ Time of Departure: _____ (no later than 4:00 pm)

What special equipment needs or accommodations do you anticipate:

Dorm *Donation Fee: (Refer below)		\$
_____ We are choosing the 13+ group for \$150 *donation x _____ (nights) =		
_____ We have 12 or less people. \$15 *donation x _____ (nights) x _____ (beds) =		
	*A donation is highly recommended and appreciated. This will help pay for operating costs so the dormitory can remain open throughout the fiscal year. Thank You.	
TOTAL:	Attach a check or money order payable to: DNR - Sandhill	\$ (TOTAL)
I, the undersigned, have read the reservation conditions and agree to be responsible for the behavior of the party and to pay for repair of any damages caused by my party and to pay any charges for undue cleanup incurred by the Department. I certify that to the best of my knowledge, the above information is true.		
Signature of Group Leader:		Date:

Overnight:

Group Size

Up to 12 = \$15 / person / night donation

13 + = \$150 / group / night donation

Mail To:

**DNR - Sandhill Wildlife Area
Attn: Housing Reservations
PO Box 156
Babcock, WI 54413**

Rules and Information:

The group leader will be sent a packet with instructions on how to access and lock the building.

Your party is responsible for any damages caused by anyone including theft.

You must bring **YOUR OWN SLEEPING BAGS, BLANKETS AND PILLOWS.**

Reservations will not be confirmed until payment is received. Reservations are non-refundable.

Cancellations: Donations are non-refundable.

Responsible Persons: The person making the reservation (i.e. the group leader) is responsible for general cleanup and care of the facility.

Payment: Payment by **Check or Money Order only**. No credit cards are accepted. Make payable to DNR - Skills Center.

Trash: Please use the designated trash and recycling bins.

Emergencies: There is a pay telephone available in the lobby. No payment required for 911 calls.

Meals: No cooking is allowed in the dormitory. Local restaurants are listed in the lobby.

Please feel free to contact us if you have questions. Thank You.